

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title Line One:: Belt Clip for Hand-Held Power Tools

Title Line Two::

Attorney Docket Number:: 54525.000105

Request for Early Publication?:: YES

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 13

Small Entity?:: No

Petition Included?:: No

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?:: No

Applicant Information

Applicant One Authority Type:: Inventor

Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Mark
Middle Name:: Alan
Family Name:: Etter
Name Suffix::
City of Residence:: Jackson
State or Province of Residence:: TN
Country of Residence:: US
Street of Mailing Address Line One:: Porter-Cable
Street of Mailing Address Line Two:: 4825 Highway 45 North
City of Mailing Address:: Jackson
State or Province of Mailing Address:: TN
Country of Mailing Address:: US
Postal or Zip Code:: 38305

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: Daniel
Middle Name:: Paxton
Family Name:: Wall
Name Suffix::
City of Residence:: Jackson
State or Province of Residence:: TN
Country of Residence:: US

Street of Mailing Address Line One:: Porter-Cable
Street of Mailing Address Line Two:: 4825 Highway 45 North
City of Mailing Address:: Jackson
State or Province of Mailing Address:: TN
Country of Mailing Address : US
Postal or Zip Code:: 38305

Applicant Three Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Three Given Name:: Alan
Middle Name:: Gene
Family Name:: Phillips
Name Suffix::
City of Residence:: Jackson
State or Province of Residence:: TN
Country of Residence:: US
Street of Mailing Address Line One:: Porter-Cable
Street of Mailing Address Line Two:: 4825 Highway 45 North
City of Mailing Address:: Jackson
State or Province of Mailing Address:: TN
Country of Mailing Address : US
Postal or Zip Code:: 38305

Correspondenc Information

Correspondence Customer No.: 21967

Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address:

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	09/972,980	10/10/01

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::